

**DECLARATION AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing      OR      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number      ITR0048YP

First Named Inventor      Colloca, S. et al.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHIMPANZEE ADENOVIRUS VACCINE CARRIERS

*(Title of the Invention)*

the specification of which

☐ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/18/2005 as United States Application Number or PCT International

Application Number PCT/EP2005/000558 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/538,799	01/23/2004	ITR0048PV

**DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☒ Practitioners Associated with the Customer Number **000210**  
OR  
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: ☒ Customer Number **000210**

<b>Name</b>	Alysia A. Finnegan				
<b>Address</b>	Merck & Co., Inc. - Patent Department				
<b>Address</b>	P.O. Box 2000, RY60-30				
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907
<b>Country</b>	USA	<b>Telephone</b>	(732)594-2583	<b>Fax</b>	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

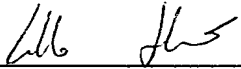

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

<b>Given Name (first and middle [if any])</b>		<b>Family Name or Surname</b>	
Stefano		Colloca	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	Pomezia, Rome	<b>State</b>	
		<b>Country</b>	Italy
		<b>Citizenship</b>	IT
<b>Mailing Address</b>	Via dei Castelli Romani 22		
<b>City</b>	Pomezia, Rome	<b>State</b>	
		<b>ZIP</b>	00040
		<b>Country</b>	Italy

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A or 02LR attached hereto.

## DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Alfredo				Nicosia			
Inventor's Signature						Date	
Residence: City	Rome	State		Country	Italy	Citizenship	IT
Mailing Address	Via Ildebrando Vivanti 108						
City	Rome	State		ZIP	00144	Country	Italy
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Elisabetta				Sporeno (deceased)			
Inventor's Signature	Paolo Palazzolo, Legal Representative of Elisabetta Sporeno, deceased					Date	
Residence: City	Rome	State		Country	Italy	Citizenship	IT
Mailing Address	Via Nicola Fabrizi 11a						
City	Rome	State		ZIP	00153	Country	Italy
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Agostino				Cirillo			
Inventor's Signature						Date	14 JUNE 07
Residence: City	Lanuvio, Rome	State		Country	Italy	Citizenship	IT
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Bruno				Bruni Ercole			
Inventor's Signature						Date	June 14th 2007
Residence: City	Pomezia, Rome	State		Country	Italy	Citizenship	IT
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY

## DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Annalisa				Meola			
Inventor's Signature	<i>Annalisa Meola</i>					Date	<i>June, 14, '07</i>
Residence: City	Ariccia, Rome	State		Country	Italy	Citizenship	IT
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
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Mailing Address							
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City		State		ZIP		Country	

Attorney Docket Number: ITR0048YP  
First Named Inventor: Stefano Colloca  
Title: "CHIMPANZEE ADENOVIRUS VACCINE CARRIERS"

**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY  
FOR SIGNING BY THE LEGAL REPRESENTATIVE ON BEHALF  
OF DECEASED INVENTOR (37 C.F.R. § 1.42)**

I, Paolo Palazzolo, hereby declare that I am a citizen of Italy, residing at Via Nicola Fabrizi 11a, 00153, Rome, Italy, and that I am executing and signing the Declaration and Power Attorney to which this is attached as the Legal Representative of the Estate of Elisabetta Sporeno, who was a citizen of Italy and who resided at Via Nicola Fabrizi 11a, 00153, Rome, Italy; and that upon information and belief, I aver those facts that the inventor is required to state.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Paolo Palazzolo

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	ITR0048YP
	First Named Inventor	Colloca, S. et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing         OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

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				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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☒ Practitioners Associated with the Customer Number **000210**  
OR  
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: ☒ Customer Number **000210**

<b>Name</b>	Alysia A. Finnegan				
<b>Address</b>	Merck & Co., Inc. - Patent Department				
<b>Address</b>	P.O. Box 2000, RY60-30				
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907
<b>Country</b>	USA	<b>Telephone</b>	(732)594-2583	<b>Fax</b>	(732)594-4720

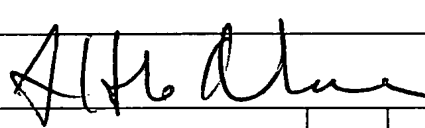
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle [if any])</b>			<b>Family Name or Surname</b>		
Stefano			Colloca		
<b>Inventor's Signature</b>	<i>Stefano Colloca</i>			<b>Date</b>	23/07/2007
<b>Residence: City</b>	Pomezia, Rome	<b>State</b>		<b>Country</b>	Italy
<b>Citizenship</b>	IT				
<b>Mailing Address</b>		Via dei Castelli Romani 22			
<b>City</b>	Pomezia, Rome	<b>State</b>		<b>ZIP</b>	00040
<b>Country</b>	Italy				

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A or 02LR attached hereto.

## DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Alfredo				Nicosia			
Inventor's Signature				Date		Jul 23, 2007	
Residence: City		Rome		State		Country Italy	
Mailing Address		Via Ildebrando Vivanti 108					
City		Rome		State		ZIP 00144	
Country		Italy		Citizenship		IT	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Elisabetta				Sporeno (deceased)			
Inventor's Signature		Paolo Palazzolo, Legal Representative of Elisabetta Sporeno, deceased		Date			
Residence: City		Rome		State		Country Italy	
Mailing Address		Via Nicola Fabrizi 11a					
City		Rome		State		ZIP 00153	
Country		Italy		Citizenship		IT	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Agostino				Cirillo			
Inventor's Signature				Date			
Residence: City		Lanuvio, Rome		State		Country Italy	
Mailing Address		Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600					
City		Pomezia, Rome		State		ZIP 00040	
Country		ITALY		Citizenship		IT	
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Bruno				Bruni Ercole			
Inventor's Signature				Date			
Residence: City		Pomezia, Rome		State		Country Italy	
Mailing Address		Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600					
City		Pomezia, Rome		State		ZIP 00040	
Country		ITALY		Citizenship		IT	



**DECLARATION AND POWER OF ATTORNEY****ADDITIONAL INVENTOR(S)  
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Annalisa				Meola			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>	Ariccia, Rome	<b>State</b>		<b>Country</b>	Italy	<b>Citizenship</b>	IT
<b>Mailing Address</b>	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
<b>City</b>	Pomezia, Rome	<b>State</b>		<b>ZIP</b>	00040	<b>Country</b>	ITALY
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle [if any])</b>				<b>Family Name or Surname</b>			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Mailing Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle [if any])</b>				<b>Family Name or Surname</b>			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Mailing Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle [if any])</b>				<b>Family Name or Surname</b>			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Mailing Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	

Attorney Docket Number: ITR0048YP  
First Named Inventor: Stefano Colloca  
Title: "CHIMPANZEE ADENOVIRUS VACCINE CARRIERS"

**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY  
FOR SIGNING BY THE LEGAL REPRESENTATIVE ON BEHALF  
OF DECEASED INVENTOR (37 C.F.R. § 1.42)**

I, Paolo Palazzolo, hereby declare that I am a citizen of Italy, residing at Via Nicola Fabrizi 11a, 00153, Rome, Italy, and that I am executing and signing the Declaration and Power Attorney to which this is attached as the Legal Representative of the Estate of Elisabetta Sporeno, who was a citizen of Italy and who resided at Via Nicola Fabrizi 11a, 00153, Rome, Italy; and that upon information and belief, I aver those facts that the inventor is required to state.

Date: 2<sup>nd</sup> July 2007

Signature:   
Paolo Palazzolo